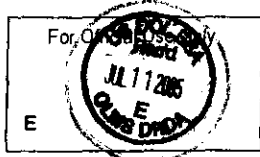


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2659 LM045-512	2. Fiscal Year Covered From: JAN / 01 / 04 Through: DEC / 31 / 04
3. Name and address of person filing. Name John T O'CONNER 24219 Spring Creek Rd P.O. Box, Bldg., Room No., if any Street 24219 Spring Creek Rd City Washington, State ILLINOIS ZIP Code + 4 61571-9635	4. Name, file number, and address of labor organization. Name STEAMFITTERS Local #353 Labor Organization File Number LM045-512 P.O. Box, Building and Room Number, if any Street 6304 W. Development Dr. City PEORIA State ILLINOIS ZIP Code + 4 61604
5. Position in labor organization. FINANCIAL SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name COMMERCIAL MECHANICAL, INC Trade Name, if any: CMI P.O. Box, Bldg., Room No., if any P.O. Box 368 Street 50 First Street City Dunkan, IL State ILLINOIS ZIP Code + 4 61525	7.a. Nature of Interest, Transaction, or Income. INCOME for work, I RECEIVED NO SPECIAL PERKS, Privileges, or Employee Benefits 7.b. Amount. 58,165.44

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

July 1, 05
Date

304-745-3173
Telephone Number